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The Doctor as a Factor in the Education of a Nurse

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The relationship of doctor and nurse is such that the educational training of the latter is of great interest to the doctor. The exact kind of knowledge that a nurse has of the diseases which she is called upon to nurse has a great deal to do with the placing of her in a class apart from the handy, helpful woman of maternal spirit, who is such a boon to many a community. Yet it is also recognized that if she is to succeed and be of highest value, the foundation must be just this same spirit mentioned above. No amount of knowledge can take its place.

The imparting of knowledge of medical subjects in every large training school, falls to the lot of the doctor, and very properly so—as he is the one outside the patient who must be pleased. There is much which is governed by the broad principles of treatment, besides which are many details governed by the particular disease or case. These can best be laid down by one who not only has the knowledge, but is actively concerned in the application. Although every doctor is supposed to have all the necessary knowledge, yet every doctor is not adapted to impart it to others.

Blessed is the school who can select from the attending doctors a corps who have the requisite teaching ability to instruct the pupil nurses in the various subjects of study. The difference between the set lecture, however well read, and the free talk with judicious question leading from the known to the new facts to be imparted, illustrated by rapid sketches—crude it may be—have only to be heard to be appreciated. By the latter method mental alertness is insured, and the pupil's grasp of the subject increased. This grasp is not obtained by a process of memory alone. It is true that memory must play some part, but unless the pupil is lead to think logically—to apply the knowledge of one fact or series of facts, to the acquiring of a new fact, memory becomes only the parrot's part. To get a class of pupil nurses to use their brains in the formation of principles and then the application of these principles to new cases, is an achievement of far greater value than the acquiring of a few facts.

MEDICAL FACULTY, MCGILL

By a series of experimental lectures made, of course, without the knowledge of the victims, the supervisor of nurses, or the instructor, may soon select the members of the medical profession who can best give instruction. Other things being equal, or nearly so, this capacity to teach should be the criterion in their selection.

A question which the doctor has to decide is, how much of medicine shall be taught? How deep in the mysteries of the subject shall he endeavor to lead his pupils? Too often, the lecturer—not a teacher—wades bravely in ahead of the class, and at examination time when he looks around to see if they are coming, he finds that they are not to be seen. They are overwhelmed by the great billows of learning long before they have reached the depth at which he then stands. Training schools are not intended for medical colleges, nor nurses to be quasi-doctors. The broad principles underlying disease, in causation, symptoms and treatment should be the main points emphasized. The essential particular points of each disease may be taken up in treatment; even in this it is well to be cautious for fear of overloading with details. It is much better to lay well the foundation of principles, leaving much of the detail to ward instruction, than to burden the mind with minutiae, which is unnecessary. The effect of the doctor's work would be much increased could there be worked out a system of co-operation by the ward instructor, who would emphasize at the bedside the details in nursing coincident with the subject taken up by the lecturer.

This leads to the part played by the doctor in the ward, in his relation to the nurse. Obviously, he cannot give ward clinics. But the incidental work, given day after day, at the bedside, to the nurse who may be detailed to assist him, bears fruit.

The doctor should be careful in the ward work to see that the manner in which he does things is that in which he expects the nurse to do. Often younger nurses especially are lead to be slipshod because the doctor attending does not live up to the ideas she has received in lecture, and no visible bad result happens. Doctors owe it to the nurses to be as careful in detail as they expect the nurses to be.

The doctor who lectures to nurses in a closed hospital has an easy time. He, if imbued with the love of detail, can emphasize his pet ideas, and methods, until the nurse believes them to be the only proper things. The awakening comes later after graduation, when she finds that methods may differ in detail, if only the principles are adhered to. In this, the pupil nurse in an open hospital, is in a much better, even if more difficult position, provided always that the instructor has grounded well the principles, and emphasized that methods only in accord with these are of value. She will graduate with broad ideas, and be more adaptable in private work.

Post Graduate Work

Elsie M. Lawler, Johns Hopkins Hospital, Baltimore

When asked some months ago by a representative of the Canadian Society of Superintendents of Training Schools for Nurses, to prepare a paper on post graduate work in general hospitals from the hospital viewpoint, I answered in the affirmative. First, because I retain so many happy memories of my short period of hospital work in Canada, that I am honored to be able to partake in a very limited degree, in your annual convention; and second, because the subject of post graduate work is a topic of extreme interest today to every progressive member of our profession.

If you look through the announcement columns of our nursing journals, as well as numerous other journals pertaining to hospital, nursing and scientific work, you will be impressed with the large number of institutions and organizations offering inducements to graduate nurses who wish to pursue advanced work, and it seems to me that no one can read this long list of institutions and organizations that are prepared and apparently eager for students, without immediately asking the question "why?"

In supplying the answer to this question, I think the first thought is that this is an age of specialization. Different nursing activities call for definite training and as this cannot be provided in the regular course in the hospital, it must be obtained after graduation. Hence the organizations offering preparation for district nursing, social service, tuberculosis nursing, school work or any one of the many phases of public health work, are or should be, equipped to prepare specialists in their particular field.

This answers our question as far as the organizations are concerned, but what of the hospitals asking for post graduate students?

They may be actuated in their desire for students, first, by a sincere wish to provide much needed training in certain departments. Second, by the necessity of providing more nurses to get the work done, or third, by a combination of these two; and it goes without saying that the value of the course to the post graduate student depends very largely on the reason for the establishment of the course.

But we have not answered the question to our satisfaction yet, for we have not considered the demands for post graduate work, and without this demand some of these hospitals would probably never have offered courses. That there is a tremendous demand for post graduate work we all know, particularly those of us connected with large hospitals, and the nurses who apply for this work, do so for various reasons.

We have the capable nurse who is forging ahead and who, desiring to specialize, endeavors to find the special training that will equip her satisfactorily.

We have the nurse who has completed her training a few years ago, and who feels that she is behind the times and needs brushing up.

We have the nurse who, after completing her training, discovers that she has been unfortunate in her choice of schools, that the training she has received has not provided her with the skill and knowledge to do successful work, and she must supplement it; and we have the nurse who, not very successful in anything she attempts and not capable of assuming any responsible position, tries post graduate work in much the same spirit as she has undertaken every piece of work up to that time.

The first and second type of seekers after post graduate instruction we hope we shall always have with us, but what of the third and fourth? That there are such large numbers of these seems to me a serious reflection on our profession, for should we not be endeavoring to have our schools of such a character that a nurse will not need to supplement her course elsewhere. But here someone will say: unfortunately, many hospitals may not be able to provide training in one particular service while able to provide excellent training with that exception, then should not that institution arrange by affiliation to supply their students with the experience necessary to complete their training; for if a nurse gives three years to her nursing education, she should receive experience in every department in that time. Thus the hospitals that have no obstetrical ward, no children's ward or who have only a limited number of medical patients, should endeavor to obtain these services elsewhere for their pupils, and this is where the larger general hospitals may be appealed to, and I think I am safe in stating that the larger hospital would prefer to receive these nurses as affiliated students, so that the experience is part of their training, rather than post-graduate students who have already received a diploma.

There is, of course, still another type of school, and that is the one in connection with the hospital that provides such inadequate experience and training that no amount of post graduate experience can supply the deficiencies of the course. But we cannot think of the ever-increasing number of states and countries obtaining laws that establish the professional standing of the nurse, laws that require certain definite training before the nurse may take her place as a member of our profession and which in this way make it necessary for schools for nurses to establish more uniform curricula and to admit students of a certain standard, without feeling that it is only a question of time before hospitals of this type will, through their inability to obtain pupils, be compelled to improve their training.

Now may we look at the whole question of post graduate work, or as I have said, affiliated work from the view point of the hospital.

We have said that the hospital accepts special students for several reasons, but no matter what the reason may be, the institution must realize at the start that with the addition of this class of students, they are assuming another responsibility; that if they propose to offer any

experience that is worth while, it is going to complicate the work and add to the burden of the superintendent of the school; for no hospital should accept these students without providing adequate class room teaching and ward supervision so that the student may obtain the experience she is seeking. This should be arranged so that the advent of the affiliated student will not interfere with, or detract from the value of the course provided for the pupils of the school, for it goes without saying that the hospital's first responsibility is to them.

If a general hospital has one department larger than the others, for example, has more surgical patients than medical, obstetrical or children, so that to keep the required number of pupil nurses on duty in those wards would mean that each student would receive more experience in surgery than she should have with the consequent loss of experience in some other department; it would be to the advantage of the hospital to admit post graduate students for experience in surgical nursing, thus granting the desired training to the visiting nurse and at the same time improving the training of the students of the school by providing for them a more satisfactorily arranged curriculum. Also as the post graduate student is in the school for experience in only one department, the question of lectures and class work is more easily arranged.

However, if the post graduate student is admitted for experience in several departments, or as so many ask for "general training," then the problem becomes a more difficult one. Because of her limited stay in the hospital she must remain only a very definite time in each department, and on account of her unfamiliarity with the routine of the hospital, she cannot be expected to assume the same amount of responsibility as the home pupils, and for this reason it is sometimes very difficult to provide for her the desired experience.

Also, should the service become light, making it necessary to decrease the number of nurses in that department, it is a home pupil who is removed, thus interrupting her training, for the visiting student having only a very definite time to remain, cannot be disturbed.

Then, too, the question of class instruction becomes a problem. The student is gaining experience in several departments, and obviously during her limited stay in the hospital it would be impossible to provide for her the same thorough class room instruction that is arranged for the home students on all these subjects. This would mean a specially arranged course of lectures and classes, and this, combined with the fact that if they are to derive any real benefit from their work in the wards, they should be under proper supervision and direction, would necessitate the appointment of an additional number to the teaching staff for this definite purpose.

A point that must never be lost sight of in planning and arranging the work of these students is that we are not dealing with our own

students whose training has been directed along certain lines ever since their entrance to the school; we are dealing with students whose teaching and experience has been about as varied as can be, and when we stop to consider the lack of uniformity in our schools, the difference in educational admission requirements, the difference in the arrangement of the curriculum, the difference in the teaching provided, the difference in the whole tone and atmosphere; can we wonder that a class of post graduate students require skilful handling if they are to be really benefitted by their additional training.

And in addition to the problem of instruction, there is the often disturbing question of discipline. It is not to be expected that these students would feel the same loyalty and devotion to the school administration as the home students. It may be that more freedom has been allowed in the school from which they graduated and they chafe against the rules and regulations and resent correction. Many of them come apparently determined to get the greatest return for the least effort, and govern themselves accordingly. This element introduced into a school might have a far reaching and disastrous effect.

I have enumerated some of the problems that complicate the successful administration of a post graduate course, but the hospital, that recognizing these and realizing what is due these students, does offer post graduate experience under the proper conditions, is able to provide a training that may enable many nurses to be much more valuable and efficient workers, as well as to make it possible for them to qualify for registration, which they could not do without this supplementary course. I have said that the hospital should realize what their responsibility is to the students, but they should also make certain requirements of the pupil. Her work, both in class room and ward and her observance of regulations, should conform with the standard set by the school; and if the course is arranged and carried out under these conditions, a certificate should be given, so that the student may receive recognition for her work.

It will be seen then that the organization or hospital that undertakes to provide post graduate instruction that is worth while; and we have not considered the institution that being unable to obtain a sufficient number of pupil nurses, brings in post graduates so the work may be done, and provides little or no instruction; does assume an additional responsibility. But fortunate it is, that there are so many willing to undertake the work, for by this assistance many nurses are enabled every year to become more worthy members of our profession.

Written for the Convention of Superintendents of Training Schools, Winnipeg, 1916.

Is the General Hospital Meeting the Needs of the Community?

By E. McP. Dickson,
Superintendent Toronto Free Hospital for Tuberculosis.

It is with a very great feeling of diffidence that I have undertaken to present to you this paper on the subject, "Is the general hospital meeting the needs of the community," and I have only consented to do so because I have been assured that it is your wish that this subject should be introduced for discussion. It will be necessary for me to express some ideas with which you may not all be in accord, but if what I may have to say seems to stimulate thought and discussion, the purpose which I have had in view will have been accomplished.

In considering the smaller centers, it may be said of the general hospital that it is meeting the needs of the community, inasmuch as it makes provision for the care of all those requiring hospital treatment, whether they be suffering from acute, chronic, contagious, or communicable disease, but as the population increases, we ultimately find in the general hospital a lack of accommodation for the proper isolation and care of contagious disease, a lack of interest which militates against the efficient care of chronic diseases, and the lack of interest in communicable diseases, which is often responsible for these, too, becoming chronic. How often we find all but the acute medical or surgical cases relegated to the most undesirable part of our hospital buildings, and how often the dressing and treatment of a chronic case is set aside in favor of the acute case, which will recover with ordinary care, while the chronic case will recover only with extraordinary care. The outcome of these existing conditions has been the establishment of special hospitals, and the nursing problem of these institutions is a serious one. In some localities where such hospitals have been established, the superintendents of the general hospitals have wisely extended the activities of the training school to these institutions, thereby retaining good teaching material, and obviating the necessity of establishing other schools. Those who can speak with authority agree that this is the ideal procedure, and yet in most cases, our large general hospitals have failed to meet the need of the community in this way. With the average graduate of a general hospital, the special hospital training school is unpopular, and many alternatives have been suggested for the manning of these institutions. Those who have been most generous with suggestions have been those most unfamiliar with nursing conditions outside the large general hospital. It will be found on investigation, unless the conditions in the province of Ontario are peculiar to Ontario, that the greater part of nursing is done in special hospitals. If I may be pardoned for quoting my home city, and I

do so because the figures are easily accessible, I shall give an example: In the city of Toronto, with a population of about 476,000, there are four general hospitals, with a total capacity of 1,435 beds, and a daily average of 1,139 occupied beds. Against this there are six special hospitals, as follows: Hospital for sick children, isolation hospital, orthopedic hospital, hospital for the insane, hospital for tuberculosis, hospital for incurables, having a total capacity of 2,127 beds, and a daily average of 1,885 beds. It would seem desirable then, and even necessary, that the nursing in these institutions should receive some attention. At a recent medical convention in Ontario, the president of the association made reference to the Royal Commission appointed by the government to investigate and report on the teaching, practice, and status of all those having to do with the medical profession, and in the course of his remarks, he touched on the nursing profession, giving great praise to the women who, for the last twenty-five or thirty years had brought the training schools to their present standard of efficiency, and spoke of the great value that the training schools had been to the medical profession by their intelligent clinical observations, and the faithful administration of treatment, and the co-operation in the perfecting of operating room technique. But the speaker went on the emphasize conditions obtaining in the nursing profession, giving instances where graduate nurses refused to accept certain cases of chronic, contagious and communicable diseases, and where some even refused to take cases outside a hospital.

Those who have to do with special hospitals have found that this condition does not obtain exclusively among private duty nurses, but can be said of the institutional nurse as well. For instance, some graduate nurses are too terribly afraid to nurse tuberculosis for anything less than $25 per week, the ordinary fees in Ontario being $21. When one finds a graduate nurse who is afraid to nurse contagious or communicable diseases, one naturally feels that she is woefully ignorant of bacteriology or her nursing technique must be terribly faulty. There are those nurses who have gone so far as to say that patients in hospitals for incurables should not require the services of nurses, but might be cared for by paid attendants. Could we, for instance, knowing as little as we do about cancer, and as much as we do about tuberculosis, call ourselves humane if we should expose to infection these ignorant and untrained people, or on the other hand, that we should leave these helpless patients in the hands of those so untrained. The same suggestion has been offered for the nursing of infants and children in the hospitals established for their care. Would we not be horrified if we were to hear of a general hospital that was guilty of placing a week-old probationer in the drug room to do the dispensing, or of putting her in the operating room as an assistant, notwithstanding the fact that we are assured of her having had a certain preliminary education before entering the school. Yet the making up

of a baby's formula must be done with just as much accuracy as the filling of a prescription, and with as much care and cleanliness as is required in the technique of our operating room.

We have grown in late years, sometimes to forget that we are nursing the patient and not the disease, and pupil nurses are apt to be most interested in that part of the science of medicine and surgery which least concerns them. The average nurse thinks that she is doing much more important work when caring for a laparotomy or fracture case than when she is caring for a case of disintegrating carcinoma or a paralytic, and considers a case of typhoid more interesting than a mere case of haemoptysis. She dresses a case of faecal fistula without a murmur, but she would hate to be on a children's ward, "always changing babies," as I have heard some remark. Some, I think, indeed, I may safely say most nurses, are much more enthusiastic over what the surgeon is doing in the operating room, than what the dietetian is doing in the kitchen.

This I feel is not always a matter of training, but seems to be inherent in the nurse, but it would be well if nurses were reminded that at one time all diseases were considered incurable, and that among the best men of the medical profession are those who thought the so-called incurables worth while, and some have been rewarded for their efforts in experiencing the joy of having found a specific for the disease in which they were so keenly interested. I well remember an old doctor, the father of one of my class-mates saying to us that he never gave up a pneumonia case until he buried him. I think that if nurses generally were imbued with this same sentiment in regard to all diseases, there might be fewer burials credited to our generation.

The special hospitals which have not been fortunate enough to have the co-operation of the general hospitals in their locality, have usually tried:

1st. To have the nursing done by graduates, but this has been found unsatisfactory, because it is difficult to secure a sufficient number of these nurses without resorting to the old country nurse, who has somehow or other lost her diploma, but always comes from Guys. She is found to be of the Mrs. Gamp type, and altogether unreliable.

2nd. Attendants have been used and found impossible, and usually gain sufficient knowledge to pose as nurses of some sort, and pass as such.

None of these schemes are good for the nursing profession.

The special hospital training school is the last resort, and while a fair training can be given in most of these hospitals with affiliation in one or more branches, good affiliation must be secured to satisfy the pupil and the nurses of the general hospitals with which they have to compete. Most of the special hospitals in Ontario are securing good affiliation and are sending out into the world some fine women, but this is not the ideal training for the nurses. Not until the general hospital extends its

activities to include the nursing of all special hospitals in its locality, will we ever have uniformity, or will we have well-balanced training for the nurses. The general hospital is losing a great deal of teaching material by the irradication of acute medical diseases, as the result of advanced science of our laboratories, through the better organization of public health departments, school inspection, infant welfare, social service, and through the removal of special diseases to hospitals established for their care, and are fast becoming special hospitals themselves.

One would like to see these training schools embrace all phases of nursing, so that their training might be truly general, and that their graduates might be the better fitted for all kinds of public service, and have the right to be called the best. (Written for the superintendents' convention.)

Post Graduate Courses in the General Hospital

Jean I. Gunn, Toronto General Hospital

The establishment of post-graduate courses in hospitals conducting training schools for nurses is the subject that has been given me for this paper.

The question that immediately arises is, "Why are such courses necessary?" In a large number of cases because the nurse has received inadequate education in the school from which she has been graduated. This brings us at once to the need of uniformity in nurse education which is practically impossible under existing conditions. How is it possible to effect uniformity of training when the government of most of the provinces of the Dominion allows any hospital to establish a school for nurses, fix its own standard of preliminary education for applicants, institute any curriculum, provide instructors or not as it suits its convenience and at the end of two or three years graduate the pupil entirely unfitted to serve the public in the profession for which she has trained. Such, however, is the system of nurse education in the majority of the provinces of the Dominion today. The general public accepts as a nurse any woman who has spent two or three years within the walls of a hospital and makes no enquiry into the qualifications she has acquired during that period. The average board of managers is part of this same public and I wonder how many have an intelligent view of what a school for nurses should be? The average member of a hospital board considers the hospital from a business standpoint only. He fails to realize that while he is helping to control the affairs of a public institution for the care of the sick, he is also helping to control an institution for the education of the nurse.

I would like to ask in justice to these men and women who give so generously in every way to the hospital in which they are interested, Are they entirely to blame? I do not think so. Too many of our nurses holding positions as superintendents of nurses fail in their responsibilities toward the pupils. It is unquestionably the duty of every superintendent of nurses to thoroughly acquaint the members of the hospital board with the educational functions of the school.

It too often happens that a nurse after three years' training graduates only to find that she is not qualified and must look around for some means by which she may complete her eduaction. This is one type of nurse that seeks to obtain post-graduate training.

The solution to this condition of affairs does not rest with the larger schools that are endeavoring to give their pupils adequate teaching and training. It is not their responsibility to attempt to complete the training of schools that are not interested in the education of their own pupils. To establish post-graduate courses for this type of nurse will never overcome the difficulty, nor is it just to the nurse herself. Why should she spend four or five years obtaining an education which should be completed in three years. It is the duty of every school for nurses to extend its training by affiliation with other schools to enable its pupils to acquire the necessary education during the years of training and thus provide for its graduates the standing in their profession to which every nurse is entitled.

This at once presents difficulties and again brings up the question of uniformity. It is necessary that two schools affiliating to supplement the training of either, must have the same educational standard for the preliminary education of applicants, the same standard of education in the different branches and the same courses in theory. Otherwise, affiliation is not practical. A school maintaining a high standard cannot logically affiliate with a school maintaining a low standard of education. This points out once more the great need of uniformity in requirements for admission and in education which can only be met by legislation which will enforce uniform standards by law.

Another difficulty presents itself in the practical work of the pupils. The large general hospital has the majority of its patients in the medical and surgical wards and the number of pupils required to give them the proper nursing care is correspondingly large. Training schools applying for affiliation always wish to secure for their pupils training in some special department. Practically every hospital is able to give satisfactory training in medical and surgical nursing and need affiliation only for the special branches. In every hospital the opportunities for training in these branches are to a large extent required to complete the training of its own pupils. No school is justified in granting affiliation when it cannot be given without sacrificing the training of the pupils of the school. For this reason, affiliation is much more easily established with special hospitals which may or may not conduct training schools. A

hospital of this kind can offer training in its special branch without interfering with the training of its pupils. In time it would be possible through legislation to readjust the special hospitals and instead of conducting a training school, induce them to offer the much needed affiliation and become a part of a broad scheme of nurse education. This would prove of great benefit to the special hospitals also as under the existing conditions they too must seek affiliation to complete the training of their pupils.

This interchange of pupils, however, will never be practical until all schools have the same standard of preliminary education, the same curriculum, the same examinations and the same professional standing.

There is another type of nurse seeking to extend her education, the nurse who is graduated from a hospital recognized as maintaining high standards and providing adequate training. She may wish to qualify for some special form of work such as institutional, public welfare work, or some one of the many branches requiring further instruction. This extension can be most successfully given in a department of a college or university. At the present time it is not possible for our nurses to secure such a course in Canada and our Canadian nurses find it necessary to attend the universities in the United States offering the desired instruction.

To return to the consideration of post-graduate courses some will say that certain large hospitals have established such courses. After a very careful study of the hospitals that have introduced post-graduate work, the following conclusion has been reached. It is the same reason that has urged the establishing of thousands of training schools in hospitals not equipped for such services, namely, the need of nurses to give the patients the required care. These hospitals have not organized these courses in a spirit of philanthropy but from the actual need of nurses. Many schools have discontinued the course after the required number of nurses have been obtained by suitable affiliation.

The replies received in answer to a questionaire sent to the largest schools in the United States, make it quite evident that the hospitals conducting training schools are not attempting to carry on post-graduate work: Bellevue and allied hospitals, New York City, offer a post-graduate course, but the course is arranged in the outlying hospitals where no training schools are maintained. Some of the hospitals are offering instruction in some special branch but the number of students admitted for these courses are necessarily very limited. For instance, The Massachusetts General Hospital offers special instruction in hospital administration while the New York Post-Graduate Medical School and Hospital offers a special course in anesthesia.

The replies received from the Canadian schools as to the advisability of establishing post-graduate courses expressed the same opinion. Only one Canadian school was in favor of establishing such a course and even this hospital frankly admitted the many difficulties.

Why should the Canadian schools try to rectify the results of faulty nurse education? It is in the first place impossible to do so. Only a few realize their lack of education and seek to obtain post-graduate work. The large majority of nurses accept whatever work presents itself after graduation and drift along with the graduates that have gone before in this way making it possible for the community *not* to realize the inefficiency of the teaching in the local hospital. Instead of beginning with the result, let us begin with the cause! Eliminate the cause and the result is also eliminated! Promote by legislation uniformity of training in all Canadian schools giving all graduate nurses the same professional standing and the question of post-graduate work is almost solved.

For the nurse who wishes to obtain special instruction there is still the suggestion of a department of nursing in one of our universities. The means of obtaining efficiency in Social Service Work has already been provided by the University of Toronto. The Medical Social Service course in that institution has already been restricted to students having had a medical or a nurse's training as a preliminary education. The need of university training in institutional and public health nursing is becoming more urgent every year and is a problem that should be solved by the Canadian nurses themselves. The nurses of the present day have a very great responsibility to the nurses of the future. Let us provide at least a good foundation by leaving to them established scientific courses in every branch of our profession.

Written for the Convention of Superintendents of Training Schools.

The Nursing and Treatment of Contagious Diseases as a Special Course

Grace I. Fairley, Alexandra Hospital, Montreal.

The importance of this branch of the profession is not, I think, fully realised by the average nurse, who, after graduating from hospital, has probably only seen one or two cases, and these have been hurriedly sent off to the nearest contagious diseases hospital before she has had time either to make observations, or to have the case explained in any way. And to the nurse doing private work; a case of scarlet fever presents itself in one of two ways, either she turns it down because of personal risk and inconvenience, or it is a case for which she may charge an extra dollar a day; and how many nurses can offer any further experience for that extra charge? Unfortunately too few. Here the question of the advisability of compulsory training comes in; and although I do not know that I altogether advise it, there is much to be said in its favour. Undoubtedly the nurse who takes up any branch of work voluntarily is

likely to prove more interested than the nurse who is bound to take it, just as the nurse who has to pay for her maternity course usually appreciates it more than those who receive it, and accept it as a matter of course, in their general training. And, again, the three years' general course, with the many, and ever increasing number of subjects, is all too short to add another and such an important one as the study of contagious diseases. But, as time goes on, and in the smaller towns as well as in the larger cities, the majority of cases of infectious illness are, fortunately, treated in hospital, the necessity of giving adequate and satisfactory care becomes essential.

The following statistics of the number of cases of contagious diseases in the staff of the Alexandra Hospital, Montreal, will let you have a very fair idea of the risk involved. The small percentage to my mind is due to

(1) A natural immunity worked up by constant contact.

(2) The general living conditions of the hospital.

These figures represent entirely the nursing staff and ward maids.

Nursing Staffs 10 per cent. showing 8 per cent. diphtheria, 2 per cent all other diseases.

Ward Maids Less than 2 per cent. of all diseases.

In what we consider the clean or non-infected departments, that is, the laundry, kitchen and the nurses' home, the figures are practically nil only one case of diphtheria having occurred in the laundry since the opening of the hospital ten years ago and none among the kitchen maids or home and messroom maids.

I have not the official figures of the administrative departments and medical staff covering the same period, but during the last five years there have been two cases of diphtheria in the former and none of either scarlet fever or diphtheria in the medical staff, although, I believe there were two cases at an earlier date. This probably is a good record though I think not exceptional, the only other I have being that of one American city hospital where the percentage is over 25 per cent., but they do not attempt to explain this abnormally high rate.

With regard to actual precautions taken, there are a few points of interest. As a prophylactic measure for diphtheria, we have recently tried out the Schick re-action. This gives a skin re-action similar to the tuberculin test and where the re-action is positive, shows that there are not sufficient anti-bodies in the blood to counteract the poison of diphtheria or Klebs-Loffler bacilli and it, therefore, is necessary to give a small dose of antitoxin—not less than 2000 units. We do not consider it advisable to give this prophylactic dose in any case save where the clinical signs of diphtheria are present. For scarlet fever, there is no precaution that can be taken beyond general care. In the wards, the nurses wear the regulation hospital uniform but, on leaving, before going to their rooms or to the dining room—in fact, before leaving the immediate pre-

cincts of the ward in which they are working—they put on a cap and gown which is kept in a large cupboard adjoining the wards. There are common dining room and sitting rooms where the nurses from the different wards meet and no case of cross-infection has so far been traced to the home. Close supervision of these gowns is necessary, and while the nurse is in her bedroom these hang on a hook at the back of the door which is kept for that purpose alone. The ward maids, also, before leaving the ward, remove the cap and gown which they work in and put on another of a distinctive pattern and colour before going to the mess-room. Each nurse has a separate bedroom and visiting each other in their bedrooms is absolutely prohibited. The home is large and airy with sufficient spare bedrooms to allow for changing when necessary, and certain rooms—always together—are kept for the different diseases and the nurses of each ward or set of wards treating a special disease have separate lavatory and bathroom. Also in transferring a nurse from one disease to another, ample time is always allowed for careful disinfection and changing of room.

For those visiting the wards, either doctors or medical and lady superintendents, gowns and caps are supplied for *each visit* to *each* ward and these are left in a large bag at the outside of each ward where a wash basin and individual towels are supplied, the gowns and towels being collected twice each day for sterilizing and washing. All bedding and clothing from the wards is sterilized before being laundered thereby keeping the laundry free from infection.

The kitchen, which supplies all departments of the hospital, is in the centre of the building and the food as well as all stores are sent to the various ward doors where they are transferred into utensils belonging to the wards. In this way communication between the infected and non-infected departments is minimized.

Attention is given to the nurses' diet which is liberal in quantity and good in quality, this being an important factor in the health of the staff.

We now come to the more interesting part of the discourse—the special care of the patients. The principal diseases treated in the average contagious diseases hospital being scarlet fever, diphtheria and measles; typhoid fever being for the most part received at the various general hospitals. It would be difficult to deal too strongly on the importance of special training in ear, nose and throat work for the treatment of each of these diseases. Take diphtheria, for instance, with its various types, especially laryngeal or croup, and I think there are few nurses who have not had special training, who would be ready when the emergency of tracheotomy or intubation was necessary. Even in a general hospital where tracheotomy may be necessary in extreme cases of tuberculosis or malignant disease of the throat, there is no doubt that a nurse who has had special training in this work would be more "at home" with the case than the average surgical nurse without it, however good she may be.

Although most strongly do I urge all nurses to take general training just as strongly do I urge those who have not spent some time in a fever hospital to do so. It not only makes a more efficient nurse but it does away with that nervousness of infectious work which must be so trying to the patient—for what is there that we know of that can keep a person from contracting contagious disease? and thus making it necessary for them to have a nurse and preferably one who knows something about the disease she is about to take care of. Just as soon as this training is more appreciated and therefore more popular then may we hope to have a better educated public less afraid of infection but more careful in avoiding the spread of it.

You may ask what is done in the matter of disinfection? Very little. Fresh air and soap and water are about the only disinfectants used nowadays in hospital for rooms and furniture—practically no chemical disinfectants being in use.

For clothing—sterilization.

For books and toys—destruction.

For leather goods the same treatment, if possible, but where this is not practicable lengthy exposure to sun and fresh air.

May I say, in closing, that I hope in time the superintendents who do not see their way to advocate this training will at least not discourage it, and I feel sure it will tend to make more efficient nurses, if possible than we have at present, and let them see how important it is to know the most they can of the various branches of their profession.

Written for the Convention of Superintendents of Training Schools, Winnipeg, June, 1916.

The Training of the Pupil Nurse in Social Service

H. Grant, head worker, Toronto General Hospital, Social Service Department.

The Toronto General Hospital is closely associated in all its branches with the University of Toronto and the medical students use the hospital patients for clinical material. Only in pathological work does the nurse, who also uses the hospital patients to receive her training, come in contact with the advantages offered by the university. May not the Social Service Department of the university be used as the entering wedge for the nurse to have such educational advantage in cities where this is available?

It was with this idea that a class was formed in Toronto last year. The headworker of the Social Service Department of the Toronto General was given charge of the special branch of Medical Social Service at the university and was responsible for the field work of the full time

students and for the special lecture course given to nurses. We coveted all branches of medical social work for nurses and to insure this excluded from our course any who had not such medical knowledge. We began the year with two full time and one part time student, graduate nurses, and about one hundred and twenty in the large lecture class. This latter consisted of third year pupil nurses from the different training schools of the city, the nurses on the different city staffs, the Victorian Order Nurses and others connected with private philanthropies. They take an examination at end of the lecture course and are eligible to complete the full course at any time convenient to them when they will receive a diploma from the university. This would only be utilized by a small number but the large class would have received the advantage of, at least, a partial knowledge of medical social work and the pupil nurse would have a larger and more comprehensive field from which to choose a life work.

A similar course, I am sure, might be undertaken in connection with regular training school lectures, but would lack the prestige of the university; this would have to be done where the university connection could not be attained.

Great care must be taken in the selection of speakers. Only a very few physicians have a social viewpoint as yet, and many of our city institutions are not in charge of socially minded individuals.

When Hospital Social Service is only in its early stage, as it is in Canada, the social worker has to demonstrate to the physician her usefulness. This can best be done by having a worker in each clinic in the out-patient department. At present we have to be content with a few such workers, as our Board of Managers do not as yet consider the economic value of the social worker in the prevention of disease, therefore, in the lessening of costs.

In the Toronto General Hospital we have two pupils in training, chosen by the superintendent of nurses, for three months' work in the Social Service Department. This means that eight nurses in the year get such an opportunity for practical work in addition to the lecture course.

The schedule for lectures given during college year of 1915-1916 will give an idea of the theory covered by the course:

Oct. 11, 1915. Subject: Mentally Deficient in Connection with Crime. By Dr. C. K. Clarke, Dean of Medical School of University of Toronto.

Oct. 18, 1915. Subject: The Mentally Deficient in the Public Schools. By Dr. C. M. Hincks, associated with Psychiatric Clinic at Toronto General Hospital, also public school physician.

Oct. 25, 1915. Subject: The Psychology of the Abnormal. By Dr. L. D. Yealland, resident physician, Hospital for Insane, Mimico.

Nov. 1, 1915. Subject: Dangerous Trades and Diseases of Occupation. By Dr. Wm. Goldie, Head of Medical Division, Out-Patient Department, Toronto General Hospital.

Nov. 8, 1915. Subject: City Relief. By Mr. A. H. Burnett, Secretary of division of Public Service, Department of Health.

Nov. 15, 1915. Subject: Care and Prevention of Tuberculosis. By Dr. W. E. Ogden, associated with city clinics at Toronto General Hospital and Western Hospital.

Nov. 22, 1915. Subject: Institutional Care for the Tuberculous and Sanatoriums in Ontario. By Dr. W. J. Dobbie, chief physician of National Sanatorium Association and Superintendent of Weston Sanatorium.

Nov. 29, 1915. Subject: The Work of the City Health Department. By Dr. Chas. J. Hastings, Medical Officer of Health.

Dec. 6, 1915. Subject: The Workmen's Compensation Act. By Dr. W. E. Struthers, chief physician of Workmen's Compensation Board.

Dec. 13, 1915. Subject: Socializing of Police Court. By Miss Howe, field officer of Mercer Reformatory.

Jan. 10, 1916. Subject: Mentally Deficient and Juvenile Court. By Dr. Oswald J. Withrow, associated with Psychiatric Clinic at Toronto General Hospital.

Jan. 17, 1916. Subject: Juvenile Court. By Commisisoner Boyd, Judge of Juvenile Court.

Jan. 24, 1916. Subject: The Work of the Alexandra Industrial School. By Miss Brooking, Superintendent of Alexandra School.

Jan. 31, 1916. Subject: Modern Methods of Child Placing. Children's Aid Society. By Mr. J. J. Kelso, provincial inspector of Children's Aid Society.

Feb. 7, 1916. Subject: Preventable Diseases in Children. By Dr. Canfield, staff physician of Hospital for Sick Children.

Feb. 14, 1916. Subject: The Social Significance of early Diagnosis with special reference to Cardiac and Luetic Conditions. By Dr. H. K. Detweiler, Acting-Director of Bacteriological Department of University of Toronto.

Feb. 21, 1916. Subject: Hospital Social Service from Viewpoint of a Board Member. By Dr. Helen MacMurchy, Inspector of prisons and asylums.

Feb. 28, 1916. Subject: Work of Social Service Commission. By Miss Barclay, worker for Social Service Commission.

March 6, 1916. Subject: The City Patrol of Public Health Nurses. By Miss Moore, Superintendent of Department of Public Health Nurses.

March 13, 1916. Subject: Hospital Social Service from Worker's Viewpoint. By Miss Jane Grant, headworker of Social Service department, Toronto General Hospital.

March 20, 1916. Subject: Social Settlement Work. By Miss Carson, headworker of University Settlement.

March 27, 1916. Subject: Child Welfare. By Dr. Allen Brown, Chief of Child Welfare department of city; associated with Hospital for Sick Children.

April 3, 1916. Subject: Medical Inspection of Public Schools. By Dr. Minns, Chief Medical Inspector of Public Schools.

April 10, 1916. Subject: The Social Work of the Nurse in the Public School. By Mrs. Struthers, organizer of nursing work in the Public Schools.

April 17, 1916. Subject: Social Work as a Profession. By Dr. Franklin Johnson, jr., head of Social Service Course of University of Toronto.

What theory has the pupil nurse gained in addition to her regular medical studies? If the lecturers have the social outlook as well as the medical viewpoint, which is an absolute essential, she will be able to look past the disease to the causes producing that disease. The home conditions, the environment, the hereditary tendencies or the lack of educational advantages of the patient will be of immense importance in the future estimation of the nurse who is now also a social worker. She will realize the inefficiency of the hospital that does not accept social responsibility: as an example—if syphilis in the early stages can be cured by diarsenol, who is responsible if an ignorant foreigner, who having contracted the disease, perhaps innocently, believes after one or two treatments for an ulcer that he is cured because the ulcer is healed? Is it his fault if after many years he returns to the institution suffering with locomotor ataxia which requires institutional care for five, six or seven years at the end of his life? Perhaps two follow-up visits of a social service worker might have been all that was necessary in this case. The lack of those calls recoil upon the hospital in years to come, but it takes vision to see this need and physicians and philanthropists are but learning the necessity of a far vision.

The student also learns of the work of the department of public health. The medical officer of health is no longer a name but an individual whose ideals for the city's welfare she has heard discussed. She will know his chief helpers, the men interested in child welfare and tuberculosis problems, and the nurses of this department who are a health patrol for the prevention of disease, she will know problems of the school life as outlined by medical officer of their system and the school nurse problems. She will understand to some extent the necessity for a socializing force in police and juvenile courts; she will better understand the position of the alienist who for years has stood between the insane

and feeble-minded criminals, who are judged with the same judgment meted out to mentally normal persons; she will know the modern methods of industrial farms, schools and other penal institutions; she will know what social settlements are doing in poorer districts for the betterment of the people and have a better understanding of girls and boys who go wrong for lack of right environment and recreation facilities; she will understand the effort being made by all social agencies for the segregation of the feeble-minded and how it would change social conditions by eliminating the birth of such; by greater knowledge of this great subject she will judge the misfits more leniently and in her private nursing work be a diffuser of scientific medical ideas in the homes where her influence will tell. She will have learned the necessity for organized charity and the degrading influence of individual charity, the fact that the greatest kindness we can do to our brother man is to help him to help himself and not lower him by making of him a parasite, and above all the social obligations of hospitals and physicians and nurses which may be demonstrated by personal service in three different ways: by education of people in order that they may keep well and regard illness somewhat in nature of dishonour as knowingly or unknowingly they have broken some laws of health; the follow-up work with patients from the hospital and out-patient department until they are as well as medical and social science can make them; an aggressive interest in social legislation that will create laws in keeping with medical knowledge. In addition to theory thus gained the nurse fortunate enough to have three months' practical work learns by personal experience the truth of many things told her by the lecturers. She has experience at the admitting desk of the out-patient department and learns to distinguish between the patients deserving of free medical attention and those who are refused because they are financially able to have a private physician; in doubtful cases she goes to the homes and interviews the employer to substantiate the history given. She interviews the new patients admitted to hospital and lets each one know that the Social Service department of the hospital is interested in his welfare and stands ready to be of assistance to him. She learns how best to place the aged and incurable who are left to the tender mercies of the hospital, knows the advantage of convalescent care and sees the ill effects when such care cannot be procured. She visits the many city institutions about which the lecturers have spoken; she sees her alcoholic patients at the prison farm being given the benefit of six months' clean living and healthful work. She knows that many of these poor souls are feeble-minded but for lack of proper institutions will be allowed their liberty and later drift to the hospital again. She knows that with intelligent legislation these individuals would be given permanent care in a provincial institution and that they could thus be nearly self-supporting. She goes into the homes and sees awful conditions, the results of mental deficiency, the hopeless task of social reform in such cases and as an antidote she goes to a social settlement and sees the efforts being made for

the children, the boys and the girls, the men and women in clubs enjoying clean recreation and the spirit of neighbourhood kindliness; she sees the health centres, the well-baby clinics and the mother craft classes, and all the educational propaganda for the uplift of lower classes.

The nurse taking up social work should not be too young as she experiences a shock against the unfairness of the extremes of society. She is apt to give the situation her own interpretation, she believes that the very poor feel as deeply as she. In the majority of cases they do not; if they felt more deeply they would be amenable to help; they are mentally dull and this is merciful until society wakens to its duty to this class. Higher up in the scale are the people we must hold from sinking down, we must not allow preventable diseases, neglect of sickness or industrial unfairness to add to this great submerged class—this is our duty as medical social workers.

To the nurse, who after graduation, can give a year to a social service or a public health course the theoretical series at the university consists of: lectures in social hygiene, economics, psychology, ethics, elective courses in charities, child welfare, medical social service, recreation or social settlement work, with twenty hours a week field work.

The field work of the student electing medical social service comprises work with department of public health, of medical inspection of schools, hospital social service, National Sanatorium Association with weekly visits to city institutions. This course should fit the nurse to take any executve position in medical social service work anywhere in Canada.

Only six pupil nurses have taken the lecture course and had practical experience in connection with the social service department of the hospital. Two of these nurses are on our staff, one is with the department of public health of city, another with Toronto and York County Patriotic Society, another elected to do institutional work and the other has not as yet finished her course.

There is a growing readiness on the part of the pupil nurse to take the course and it is unfortunate that so few can have the practical experience, but we hope that the insight given by lecture course will induce more graduates to take up the full time work at the university.

A reading course of social service literature is required—books by Dr. Cabot and Miss Cannon of Boston, Mr. Edward Devine of New York, Miss Jane Adams of Chicago, on social subjects, mental diseases, etc. They are also required to read the Public Health Journal and The Survey, a charities magazine.

Written for the Convention of Superintendents of Training Schools.

Canadian Society of Superintendents of Training Schools for Nurses

Report of Convention held in Winnipeg, June 14, 1916.

The annual meeting of the Society of Superintendents of Training Schools for Nurses for 1916 convened in Winnipeg, in the Royal Alexandra Hotel. The first session was held on Wednesday, June 14, in the north assembly room of the hotel, with the president, Miss Helen Randal, in the chair, assisted by the secretary, Miss Flaws, and the treasurer, Miss H. Hersey.

Opening the meeting, Miss Randal said: "At the outbreak of the great war in 1914, and the consequent call for nurses for the front, upset to a certain extent the plans we made at that time; but I think we have now more or less adjusted ouselves to conditions. We little thought when we were being shown around the citadel in Halifax in those pleasant days of 1914, that war in its most real sense was so near. I remember I had hardly got back to the coast when the call came. Our nurses answered quick'y to the call. On the whole, the Canadian nurses have nothing to be ashamed of in this regard.

The war has brought new problems before the training schools for nurses, and the Society of Superintendents. These problems are as real and as present in the cities of the west as they are in the cities of the east; and unless we get together and work together, we really get nothing out of the work we do. Now this society has been formed with that end in view—co-operation. Numbers of questions have been sent out by the executive, in the attempt to try and get information on various subjects of common interest; but the replies have been very far from satisfactory. Only a very small portion were even answered.

This is not, I think, because the nurses are not interested; but because they do not realize that it is only by giving information mutually that we can get information. Now, a certain time after this meeting, as you will notice from the programme, is reserved for the round table. We have found that we get more real information from these round tables than in almost any other way. We hope that the discussion in the round table this morning will be full and free. It has always seemed to me that any person who has had charge of a training school surely must have much information that would be of value to the nursing public. We hope that anyone who has such information will give it in an interesting way. Our discussion this morning should be as full as possible. The only way in which we can get things settled is to discuss them."

The secretary's report was then read by Miss Flaws. This was followed by the reading of a list of the new members' names, as proposed, and the citation of names of those who had sent letters of regret at inability to attend the convention. It was then moved by Miss Gunn and

seconded by Miss Smith, that the invitation of the Montreal association to meet in 1917 in that city be accepted.

There followed the reading and adoption of the treasurer's report; the acceptance of the nominating committee's decision to renominate as the 1916 executive the officers of 1915; and the publication committee's announcement that they had no special report to give for the year, except that the last annual meeting, held in Halifax, had been duly published.

Miss Randal then drew the attention of the convention to the amalgamation committee's important report, in the following words: "The amalgamation committee was formed for the purpose of working out a plan of federation of the Society of Superintendents with the Canadian National Association. Last year this matter was discussed, and it was considered best to leave it over for another year, putting it into the hands of a committee which were to give their report at the annual meeting. The convener of this amalgamation committee is Miss Gunn of Toronto; and she will give her report, after which we will have a free discussion. The Superintendents' Society is small in comparison with the Canadian National; but it is an important society, as we train the nurses for not only the Canadian National, but for all other nursing work.

"The trouble has always been that the two societies have more or less duplicated their work. We have followed the plan of meeting in the same place, at the same time, for purposes of convenience, as well as because it was less expensive, than meeting in separate places. This led naturally to the suggestion of amalgamation, with a joint meeting. The committee's report will show how far and in what manner the idea has been developed."

Miss Gunn read the report alluded to. At the conclusion, the president said, referring to some of the clauses therein contained: "There are points about the union which we will, of course, have to consider carefully. Whether, for instance, you feel that we should put ourselves in the position of becoming subsidiary to the Canadian National. In the United States, where the Superintendent Society amalgamated with the National, they have simply become an adjunct. This is, however, a matter that we have got to settle this year. It has been dragging on for several years now; and it is a question for each of you to think about very carefully. Our recommendation must go in to the Canadian National this year. I would like to hear from some of the members.

Miss Flaws—I would like to ask what Miss Gunn means by the Canadian National Association being the "main body." I do not believe there should be a "main body" between these two associations.

Miss Gunn—Well, if you had federation, some body would have to be the main body; and the Canadian National, being broader in its membership, one would think, should be the main body. If you had federation of the two societies, you would have to have a main society; otherwise, we merely remain as we are at the present time.

Miss Flaws—But what object do you think would be gained by this plan of federation. The training of the nurses begins with us. I would not like to think of our losing our individuality.

Miss Randal—As far as I have seen, amalgamation between two associations has always meant the merging of the smaller into the larger; and I think we would be certain to lose our identity. Whether that would be a disadvantage or not remains to be seen.

Miss Gray—I do not see what we would gain by amalgamation. We should retain our identity, and our meeting should be open to all nurses interested, and our membership extended to include all who hold positions in hospitals in charge of departments. My point would be that I do not approve of amalgamation, but do of a joint meeting of the executive.

Miss Gunn—The committee did not intend that the society should lose its identity. The plan is that all opening sessions should be joint ones; and all papers should be read before the joint meeting. Our nurses are interested in all papers, even those dealing with training schools. Our society would have its separate business session, transact its own business, and elect its own officers. I do not see how, by following that plan, we should lose our identity. I have been corresponding with the different American nurses' associations and the objection they make is, that they have so many papers and so much business to transact that they find it necessary to have two meetings going on at the same time, and they thought that was very unwise, as all the nurses should have an opportunity to attend all the meetings. Their association is so large that they would have to extend the convention into a week or ten days. The question of the nursing league association losing its identity by merging with the larger body was never presented to me in any of the replies I received.

Miss Randal—Well, I noticed that effect while attending a convention in San Francisco. I do not see how a smaller society in amalgamating with a larger one can help losing its identity. The effect would be that the convention would be presided over by the Canadian National. Whether we should be stronger or weaker by such a merging. I am, of course, not prepared to say at present.

Mrs. Moody—I think the superintendents, even though they are a smaller body, should stand on their feet and should remain separate. For them to become subsidiary to the other association is too much like the mother having to give way to the daughter. Besides, the superintendents must discuss different questions than the Canadian National. I believe, however, that it would be a good move to enlarge the membership of the Superintendents' Society.

Miss Randal—I think our recommendations as a separate society would have more weight.

Miss Gunn—I think, if we increase the membership, it is time we changed the name of the society. I feel personally that head nurses and

nurses holding executive positions in hospitals should be members; and they would not join our society under its present name.

Miss Randal—I think the changing of the name would be a very minor matter compared with the question of losing our identity.

Miss Johns—I think we should endeavor to work together, with each association maintaining its identity.

Two private nurses present expressed diverging views; one stating she would not have been present if she had known that the meeting was purely a meeting of superintendents; the other averring that matters under discussion by superintendents of the nurses' training schools should also be equally interesting to nurses who had attended or were attending these schools. Miss Gunn moved finally that further discussion be postponed till the meeting on the following (Thursday) morning. The motion was seconded by Miss Allison, and the formal session adjourned; the remainder of the morning being occupied with the round table.

The afternoon session was given chiefly to the reading of papers, with discussion after the presentation of each. The first paper was one on "Post-Graduate Work for Nurses," written by Miss Lawlor, of the Johns Hopkins Hospital, Baltimore. It was read by Mrs. Bryce-Brown.

The second paper, entitled "Post-Graduate Courses in the General Hospitals," had been prepared and was read by Miss Gunn, of Toronto.

The next paper was one written by Miss Dixon, "Is the General Hospital Meeting the Needs of the Public." Following this came the last and most interesting paper of the session, and the one which evoked most discussion—"Training of the Pupil Nurse in Social Service," by Miss Grant of Toronto, read by Miss Champion. At the conclusion, a member present started the discussion with the question:

"Has Miss Grant found that the three months mentioned was a sufficiently long term?"

Miss Gunn—The pupil gets more out of it than that. The pupils are able to do quite a little of what to the graduate worker would be mere routine, but which provides excellent experience for the pupil nurse. Of course, a longer course would be of more benefit; but two pupils can be given the three months' course where only one could be handled if the course was, for instance, six months; and we thought it was better to give more students three months than to give fewer pupils six months. Three months is all that can be spared for any special department of the training course.

Miss Randal—Is the social service course elective, or do you select your pupils?

Miss Gunn—They all want the course, but we really choose those whom we think will make the best social workers, and will take up the work after graduation. We choose the ones we think would derive the most benefit. The lecture course of the university has helped the pupil nurses a great deal. Miss Grant's paper mentions the subjects of these

lectures. Any one of the subjects is, of course, just touched, as it were; but it gives the students a good idea to begin with of the many sides of social work and helps each to make an intelligent selection of her work after graduation.

A member—Has there been any co-operation arranged between the university and the nurses' training school?

Miss Gunn—The University of Toronto started a course in social service work. They deal with medical social service work, community welfare and recreation, and so forth. The medical social service course is restricted to applicants who have had their medical training or nurses' training; but the other courses are open to anyone who wishes to take up the work.

Miss Flaws—I would like to ask a question in connection with Miss Dixon's paper, on the training in children's diseases, in the various provinces. In Ontario the graduate nurses have to take a two months' training in children's diseases in the general hospitals. What do the members from the other provinces do, in the way of training their nurses in children's diseases? Is two months too long a time?

Miss Randal—If the members have any information along this point, we would be glad to hear it. As far as British Columbia is concerned, of course we have no curriculum to be rigidly adhered to in the teaching of nurses. Our hospital, like most of the larger hospitals, has a children's department.

Miss Flaws—In Toronto we are perhaps peculiarly situated. Children in Toronto are supposed to go to the children's hospital.

Miss Gunn—In Toronto, the city order patients are all sent to the children's hospital, but the hospital receives no remuneration from the city for any others. I think the similar hospitals in every town in Ontario have a certain number of child patients, and are able to give their pupil nurses training in the children's department.

The discussion was terminated here, and the afternoon meeting adjourned.

The Thursday morning session was held in the upper assembly hall of the hotel. Miss Randal opened with remarks about the favorable financial position of the society for 1916, stating that it had been put forward as a good plan to have the report printed and filed, that it might be handy for future reference. The motion was made and carried that the business reports of 1914 should be printed and filed with the report of the 1916 meeting.

The next business was the election of officers for the various committees. It was moved by Miss Gunn, seconded by Miss Ellis, that Miss Goodhue, of the Royal Victoria Hospital, Montreal, be appointed convener of the programme committee having charge of the arrangements for the 1917 meeting in Montreal. It was moved by Miss

Flaws, seconded by Miss Rowan, that Miss Gray of Winnipeg, be appointed convener of the nominating committee.

Miss Randal appointed Miss Dixon and Miss Rowan to be conveners of a joint committee on resolutions in connection with the Canadian National.

Miss Randal then said: "On the side-table you will find a collection of training school reports for which I sent. I do not know what the experience of the other superintendents present has been along those lines; but I have found that in the records available in the past, there has been nothing that would show the weak or strong points of graduates. There has been used in Rochester, N. Y., and I adopted it in Vancouver, an admirable form, giving a resume of a graduate's whole three years. It would seem that there has got to be a standard form of report to be used for reference all over Canada, so that we will know just where our graduates stand, and the good points and weak points of each. I think we should form a committee this year to go into this matter; and from the chair I would appoint Miss Gunn, leaving her the liberty of choosing her own committee, to draft a standard form suitable for use all over Canada. The next business now is the further consideration of the committee report read yesterday upon closer association with the Canadian National Association. Is it the wish of the society that we consider this report as a whole or clause by clause?"

Miss Flaws—I would move that it be taken up clause by clause. Then we can accept one clause and throw out another, if it does not suit.

Miss Gunn—I see no reason why the report should not be discussed clause by clause. Even if the report as a whole is not accepted, there may be some of the clauses that are not entirely objectionable.

It was then moved by Miss Flaws, seconded by Miss Johns, that the report be considered clause by clause.

It was moved by Miss Flaws, seconded by Miss Hersey, that the first clause be rejected—that is, that the two societies do not become federated.

Miss Gray—I would like to make an amendment that the affiliation remain the same as at present.

Miss Randal—This is an important matter. The report was submitted yesterday; and I am sure some of you must have had some conversation on the subject. Any views that you may wish to put forward will be very acceptable. . . . If there is nobody else, we will have to put the matter to a vote. All paid-up members are entitled to vote in this matter. I would like to have them express in the usual way their opinion as to having clause No. 1 omitted from the report.

Upon a show of hands, the clause was voted struck out.

Clause No. 2 then came up, containing the provision that the by-laws of the two associations must not conflict.

Miss Gunn—The Canadian National Association has a sub-committee on public health nursing. The public health nurses are anxious to form an association of their own. If the federation proposed in clause one had gone through, the public health association would be another division of the Canadian National, and this is the reason of the clause just read.

Miss Flaws—Since the first clause has been cut out, then, this one can be cut out as well.

Miss Randal—That would seem to follow.

It was moved by Miss Flaws, seconded by Miss Rowan, that Clause No. 2 be omitted. The motion was put to vote, and carried.

Miss Gunn—As to Clause No. 3, when we worked over that, we agreed that it would not be legal for two affiliated societies to hold a joint executive meeting. Each association would have to hold its own meeting and transact its own business. That clause will, therefore, have to be modified, so that the joint meeting will simply be for discussion.

Miss Randal—I would suggest that that be changed to mean a joint meeting of the executive without any official standing, just to get closer together. Or shall we omit the clause altogether?

It was moved by Miss Johns, seconded by Miss Hersey, and carried, that the clause as amended be allowed to remain.

Miss Gunn—Of course, as I might point out, the report in its original form will be presented to the Canadian National, and the amendments will be attached in the form of a resolution.

Miss Randal—What shall we do about Clause 4, that the annual meeting of both associations shall be held at the same time and place. I think this might be accepted.

It was moved by Miss Rowan, seconded by Miss Smith, that Clause 4 be accepted.

Miss Randal—I forgot to draw attention of the meeting to the fact that there are four sub-clauses, providing that the programme committee and committee of arrangement, shall work together. What shall we do about these? Miss Gunn, do you approve of the programme committee and the committee of arrangements working together?

Miss Gunn—Yes, I do.

Miss Randal—Each association has its committee of arrangements and they work together. How would it be to have somebody move that these suggestions in connection with the annual meeting be left to the executive to attend to and arrange with the executive of the Canadian National.

Miss Flaws—I would move that sub-clause a, b, c and d, of Clause 4, be left to the executive to deal with. The motion was seconded by Miss Rowan, and carried.

The motion that a letter of acceptance be sent to the Montreal association in connection with the annual meeting of 1917, was accepted.

It was moved by Miss Gray, seconded by Miss Dixon, that a letter be sent to the Montreal association accepting with thanks their invitation for 1917.

Miss Randal—The date of the meeting will probably be arranged so as to coincide with the date of the American National Association, which meets in Philadelphia next year, so that members, if they wish, may go from one meeting to the other.

The matter of appointing a committee to revise the constitution and by-laws was then taken up. . It was moved by Miss Gunn, seconded by Miss Gray, that Miss Dixon be appointed convener of this committee. Miss Randal appointed the following as members of the committee: Miss Madden, Miss Potts, Miss Gunn, Miss Matheson. It was moved by Miss Rowan, seconded by Miss Johns, that the committee be composed of these members.

A paper on "Nursing of Contagious Diseases" was then read by Miss Fairley of Montreal.

Miss Dixon—I quite agree with Miss Fairley that all should know more about contagious and communicable diseases; but I take exception to one point. She considers a year too short a period in which to gain this experience. I do not think it is. I think it might be included in the three years' training. In the United States ,they consider a good general training can be gained in two years; and then they allow another year for special lines of work.

Secondly, Miss Fairley mentions that the nurses wear their gowns over their regular clothing, and take these gowns to their bedrooms. That hardly seems to me a safe procedure, in the case of contagious diseases.

Miss Fairley—We have no dressing room. These gowns completely cover our uniforms.

Miss Rowan—Have you a training school in the hospital.

Miss Fairley—Yes, and the period of training is one year. We do find difficulty in getting average Canadian nurses who have special contagious training. We sometimes find that type of British nurse who comes out here because she is no good at home. But it is not necessary to accept this kind of nurse. It is always possible to get the best British nurses.

I hope that in time there will be a special course for children's diseases and tubercular troubles. Returning to Miss Rowan's question about training, I would say that it is for one year; and at the end of that time, if it is possible, nurses are transferred to some general hospital for further training.

Miss Rowan—What care do the nurses take with their hands.

Miss Fairley—Just water and soap—that's all.

Miss Gray—What happens to your pupils who do not enter the general hospitals?

Miss Fairley—They just rank as undergraduates until they take the general training. I very often keep them on for a while after the end of their time, especially where they are too young to go to the hospitals. I keep them on as assistant nurses, or junior assistants.

Miss Randal—I do not think a nurse is properly trained unless she has contagious training. In the training school in which I have been for four years, they are obliged to take it. The nurses of the Vancouver General Hospital get their contagious training included in the three years general training. I think Miss Fairley is quite right in her criticism of the general hospitals. All the contagious hospitals should have students from the general hospitals who are affiliated in taking their training.

Miss Cotter—What age does Miss Fairley take nurses?

Miss Fairley—Nineteen to 25 years. That makes it possible for the nurse not to be too old before she enters the final stage of her training. Where it was possible, and I had the choice, the nurses being equally good in every other way, between one that had had scarlet fever and one that had not, I would take the one that had had it.

The final paper, "The Doctor as a Factor in the Education of the Nurse," was read by Miss Kettles, of Brandon.

Miss Flaws—I would like to raise the question whether the most of the teaching of the nurse is done by the doctors or by the nurses themselves as instructors.

Miss Randal—I am sure we all agree with Miss Flaws. But I think Dr. Riggs simply deals with the lecture part of the training. He is one of the best teachers among physicians that I have ever seen. Well, if this discussion is closed, I think there is only one thing more to be done—declare this meeting of 1916 closed. But I would like to say before closing that I hope by next year the Canadian superintendents will all stand for one principle and one standard in the matter of the trained nurse, so that our students may go from one Canadian hospital to the other and know just exactly what they are to get.

Officers, 1916-1917

President, Miss Helen Randal.....East Burnaby, B. C.
First Vice-President, Miss N. Gilmour.....Edmonton
Second Vice-President, Miss Z. Young.....Montreal
Secretary, Miss G. Flaws.....Toronto
Treasurer, Miss M. Hersey.....Montreal

Councillors

Miss J. Gunn.....Toronto
Miss F. Gray.....Winnipeg
Miss Catton ..... Ottawa
Miss R. Phillips ..... Montreal
Miss Matheson .....Toronto
Miss Bowman .....Halifax

Editorial

Again the Editor begs for help in all departments of The Canadian Nurse. The September number was very late, many causes contributing to the delay, but from now on we hope to have our own magazine out on the 15th of each month. Material for the current issue must be in the publishers' hands by the 7th of the month. The personal items should be recent to be of value, so it is hoped that each town or city will make an effort to send in items each month. While on this subject, let the Editor request that these be sent in typed, where possible, or if not, at least very plainly written in ink. Recently two contributions have been sent in written in lead pencil. The difficulty not giving good copy to the printer can be understood.

* * * *

THE LETTER BOX

In the letter box will be found several letters sent to the editor. It is a healthy sign in any magazine when people take sufficient interest in certain subjects to write about them. Needless to say, they are written in the hopes of interesting others in or having vexed questions cleared up. In this number will be found some statements that should arouse interest in other nurses. Let us have your views on the mid-wife question, or the alleged shortage of nurses for military duty. Surely many have decided opinions on both these points. The Letter Box will be open to any on sending communcations to the editor, and there are always two sides to every question.

* * * *

Please remember that The Canadian Nurse has been bought and is being published by the C. N. A. Every nurse is therefore directly concerned in its welfare. Address Editor and Manager, 302 Fifteenth Avenue, East Burnaby, B. C.

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In the obituary notices, and also in the personal items from Montreal will be found mention of the death of Miss Nellie Gilmour. It is a great loss to the profession when one whose every interest was along the line of nursing progress is taken from us. Miss Gilmour had just started on the large work of uniting the nursing departments of three Edmonton hospitals under one central management. To all that knew her, her influence for all things good will help to carry on her work.

* * * *

The subscriptions are coming in very slowly as yet. Have you obtained any from your friends who are nurses? We want to at least double our circulation during the year, and then make our journal twice as good if we can.

Fire has been very busy near a number of our little hospitals. Early in the summer, fire almost wiped out the town of Ashcroft, British Columbia. The whole business section, including the two hotels, went, but the hospital was saved. Then began a very busy time for the matron of the hospital, for many homeless ones were housed in the little Lady Minto Hospital that night, and for many days and nights thereafter. Miss Payne, with her able assistant, sheltered and fed many who were in need of such help. And even yet, after several months, she is called on to give shelter to travelers from up-country, who come to town expecting to go to one of the hotels.

There are many interesting experiences to relate in connection with this little institution. One day a maternity case was brought in. The baby had been born at 2 a. m. up in the Arrowstone Mountains. It was the first child. When the father returned from sending for a doctor, the little chap was there to welcome him. Most young fathers would have been non-plussed, but not this one. He calmly took a piece of fishing line from his hat, tied the cord and separated the child. He then went off to the next ranch and sent a car for the doctor. When the doctor arrived, he attended to the mother, bathed the baby and sewed it up in blankets. There were no clothes ready, as the mother thought she had plenty of time to make all preparations. Then, they unfastened the door of the hut, put a mattress on it and tied the patient to it. Then over creeks and down narrow trails they carried her, until they reached the wagon road, the doctor meanwhile following with the babe. From there they went sixteen miles by motor to the hospital. The mother had to sit up all the way. About 10 a. m. they arrived in first rate condition. The father, who is a returned soldier, invalided home some twelve months ago, impressed upon the matron that the child's name is to be "Lord Arrowstone."

In August the dreadful forest fires for a second time wiped out bright little towns in Northern Ontario. The attractive and flourishing

town of Cochrane was almost completely destroyed. Here, too, the hospital was saved. This little hospital was opened last May. It is as attractive a little institution as you could find anywhere, accommodating twenty patients. At the time of the fire, the hospital was well filled with helpless patients. Many injured ones were taken to the hospital and several families sought refuge there. Every available spot was used and some slept on the floor.

The matron in a letter says: "It was my first experience of fire and the thing that struck me most was the courage shown. No fuss, no weeping, everyone trying to do somethig for the others. Several families took refuge here and were most grateful for the little we could do for them. From 5 p.m. until 2 a.m., when the thunderstorm struck the town, we expected every minute to see the hospital go. Dr. Cameron and Mr. Bradley came to our rescue first and helped us make what preparation we could. Later on, teams came out from town, but it meant driving through 100 yards of flame, so we decided not to move, unless it were absolutely necessary, I was afraid for the children and we had two new born infants, besides. Although the storm blew in several windows and caused quite a little disturbance, it was just in time to save us, and I do not think I ever heard "Thank God!" uttered so fervently and by so many as when the rain began to fall . . . . ."

"The nurses and patients all behaved in a most splendid manner and I cannot say too much in praise of Miss Yuill and Miss Kittering-Ham. The nurses from town came to our assistance Sunday morning and Monday, the relief train arrived from Cobalt, bringing supplies, nurses and doctors."

* * * *

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B. C.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Colley, 23 Hutchison Street.

Second Vice-President—Miss Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield Street

Reading Room—The Lindsay Building, Room 319, 512 St. Catherine Street West.

MET IN NEW CLUB ROOMS

The Canadian Nurses' Association and Registrer for Graduate Nurses, Montreal, held their annual meeting yesterday afternoon for the first time in their new club rooms, 638A Dorchester Street West, it being their twenty-first. Miss Phillips presided.

In her report of the year's work, Miss Helen Des Brisay, secretary-treasurer of the association, stated that more work had been done by the association and the nurses this year, although the membership had been smaller. Of the 209 paid-up members, 28 were new ones. Several of the old members had gone overseas, some had married and one had died during the year. In December at the suggestion of Mrs. A. W. McDougald, organizing secretary of the Daughters of the Empire, a nurses' chapter of the order had been formed, in honor of Edith Cavell. In April the new club rooms had been opened, the first actual headquarters of the association. The latest work to be undertaken by the association as a body is a booth at the military benefit to be held in the Arena, Miss Louise Stewart having been appointed convener.

The financial report showed a total income for the year of $2,788.73 and an expenditure of $2,664.06, leaving a balance of $124.67 to meet the coming year's demands.

Mrs. Burch, who is registrar for the association, stated that registrations for the year had decreased by 170, whereas the number of cases registered requiring nurses had increased by 156 over last year,

a total of 910 cases in all, besides a number during the months of July and August, which could not be taken up owing to the scarcity of nurses.

Miss Phillips was re-elected president, for the fifth year, by a unanimous standing vote. Miss Des Brisay is again secretary-treasurer; and the two vice-presidents were also re-elected with change of places, Miss Dunlop and Miss Colley. Miss Stewart was elected convener for the Griffintown Club; and Miss Wilson, convener for the house committee. The executive committee as named, are Miss Smiley, Miss Hersey, Miss Fairley, Miss Fisk, Miss Seguin, Miss Francis, Miss Langford, Miss McClurg, Miss F. Campbell, Miss Moffat, Miss F. Thomson, Miss Armstrong and Miss Helen Hill.

Distinct additions to the knowledge of diabetes have been made through the work of Dr. H. Raw le Geyelin under the special George Blumenthal scholarship of $900 in the School of Medicine of Columbia University. During his incumbency of this scholarship in the last three years he has been doing research work along clinical lines particularly in diabetes, and has published four valuable articles on metabolic diseases, one in conjunction with Dr. Dubois. Five beds have been set aside for this special study. Special attendants and a special trained nurse take care of these patients, and a branch of the kitchen department has been set aside for the preparation of their food. The work in diabetes has developed under the Blumenthal fund into a special clinic and the patients at the Vanderbilt clinic are also used in this connection, so that the disease has had the most thorough and systematic study. In order to give Dr. Geyelin academic standing he has received an academic appointment as assistant, and, at his earnest request, has been allowed to give instruction in the special work he is carrying on, as it is believed at the college that research in clinical medicines is stimulated and kept at a high grade of efficiency only by associating with it a certain amount of teaching, which places the instructor under the stress of meeting the eager inquisitiveness of the advanced and earnest undergraduates.

In addition to this scholarship, there have been in the last two years, paid from the same fund, three undergraduate scholarships of $250 each, and there will be four in the coming scholastic year. The students who receive them are all high standing men, and work as special assistants in the laboratories. These scholarships are much sought after and aid materially in the research work of the department. Students holding them in the third and fourth years are also used as assistants in laboratory teaching, and this association with the students of the lower classes is much appreciated by the incumbents. The holders of the scholarships in 1916-17 are Lorrin Andrews Shepard, physiology; Thomas Trovillo Sheppard, physiology; Adolf Frederich Herrmann, anatomy, and Lee Hollister Ferguson, neurology.

The Nurse's Library

"Mental Nursing," by W. H. B. Stoddart, M.D., lecturer on mental diseases to St. Thomas' Hospital, London; late resident physician and medical superintendent Bethlem Royal Hospital; cloth, 2s 6d net, the Scientific Press, Ltd., 28-29 Southampton Street, Strand, W. C. A very practical common-sense book which will be of great value to the nurse trained in a general hospital where she gets little mental nursing, as well as to the nurse to whom the author sends his book. He sends it to give to a prospective mental nurse some idea of the work he or she contemplates and to furnish those actually engaged in mental nursing with a practical guide in the nursing and management of the insane.

"Clinical Notes for Probationers," by Felicee Norton, author of "The Midwife's Companion" and "Practical Hints to Would-be Nurses." The pocket guide series, paper covered, published by the Scientific Press, 28-29 Southampton Street, Strand, London; 1s net. A convenient form of keeping the usual instruction given in text books on nursing. Being small it can be easily carried, and so be useful for reference.

C.N.A. Treasurer's Report, 1915-1916

C. N. A. Convention, Winnipeg, June, 1916

Canadian National Association, in account with treasurer for year 1915-16:

RECEIPTS

Balance from last year	$211.85
Cash received in fees	267.00
Interest	7.55
	$486.40

EXPENDITURES

Stationery	$ 8.84
Canadian Nurse Publishing Company	1.00
Postage and discount	15.35
Balance in bank	461.21
	$486.40

Letters to The Editor

The Editor of The Canadian Nurse:

Could you kindly state in the editorial column, where it would be possible to get information regarding Anti-Tuberculosis work in Canada? There seems to be very little mention of this branch of work in the Journal.

I am a Canadian, and for some years have been in a Tuberculosis Sanatorium (as a nurse), and circumstances have so arranged that the past several years have been spent in the U. S.

Will be grateful for any information as I am much interested in this work and would like to be able to do something at it in our own Canada, but do not know where to apply.

Sincerely yours,

SUBSCRIBER.

August 21st, 1916.

* * * *

Dear Editor:

I have read the article in The Canadian Nurse on the Midwife Problem, I must say I very much regret to see what ideas you have with regard to the Midwife of the Old Land, I am afraid you are very much behind the times or you would have known that there is not one Midwife in all England, Ireland or Scotland, who are not under the direct supervision of the Central Midwifes' Board and not for the last 17 years has any one been allowed to start Midwifery without her proper training, they not only have to pass the exam. of the hospital where they are trained, but have another exam. by the C. M. B, which is composed of the highest and best obstetric doctors of the day, before they are granted their Certificates to practice, and then they all have to work under the medical supervision and have to report to him every birth they attend, and then a nurse is sent to every home to enquire if there are any complaints to make and every Midwife is compelled by law to go for 10 days to see to that mother and her baby. Where is there a doctor in Canada that attends his maternity patients every day for 10 days? Even if he did, would he expect to bathe the baby and wash the mother and see that she had all necessary clean clothes and make her bed? That is what the midwifes of England do. I am proud to say that I am one of them, I have worked at it for years, I was trained at the best Lying-in-Hospital in London and have my diplomas from two, also C. M. B., and I worked in the city of Leicester for years and have had the honor of bringing 1,540 babies into the world, and thank God I never lost one mother and never had a case of puerperal fever, or even had to send for a doctor

for sore eyes for my babies. I don't think there are many Canadian doctors could break that record. I think instead of properly trained midwifes being such a dreadful source of danger as you speak of, they would be a very great blessing to the poor women of Canada who can ill afford to pay the high fees of the doctor and a nurse as well. They would have the advantage of proper nursing. If you would care to verify my statement, you could write to the Medical Officer of Health, Leicester.

I hope you will excuse my writing to you on this subject, but I could not possibly hear my profession spoken of in such an unjust manner without defending it.

I wish it was possible for you to go to England and visit our Maternity Hospitals, you would see for yourself if they are not properly trained. Even the Queen of Spain sent to the matron of the hospital I was at for a nurse, and the one she has was trained by the same matron and sisters as I was. I have taken The Canadian Nurse for over a year now, and I hope I shall never see the English midwifes spoken of in such an unjust way again. Yours respectfully,

MRS. L. M. HUTLEY,

* * * *

Dear Editor: Please publish the following from the official journal of the British Red Cross Society for September:

EDMONTON NURSE.

THE SHORTAGE OF TRAINED NURSES

"We have said nothing about the possibilities of bringing more nurses to this country from abroad. Many of our own trained nurses are serving abroad. But they are nursing our own soldiers or those of our allies, and are therefore serving the common cause. It may be possible to prevent a further drain; it would be difficult to recall those who have already gone. Japanese nurses have shown by the work of a detachment which nursed for six months at "Netley" that their services can be very valuable over here. The difficulty of language, however, would always be a serious one unless a foreign nurse spoke English or worked under a foreign doctor. America is possibly the most promising field of enquiry. Our own colonies are perhaps not likely to have many more nurses to spare than we have ourselves. To sum up, the solution of the problem appears to lie chiefly in economizing the trained nursing power by concentrating it on the cases which cannot do without it, leaving simple work to the best of the partially trained acting under the general supervision of a trained nurse. The classification of military patients, where possible, is the only means to this end which we can see. To state what appears to be so obvious, may seem superfluous, but at the same time it affords an opportunity for those concerned in hospitals or nursing to consider whether they are themselves doing all that is possible to meet the necessities of the situation."

Hospitals and Nurses

QUEBEC

Montreal General Hospital Alumnae Association

Miss Jean Hunter, class '07, has taken charge of a hospital in New Haven, Conn., U. S. A. Previous to this appointment, she was superintendent of a hospital in Jasksonville, Fla.

Misses May and Barwick, graduates of present year, are touring through Western Canada.

Miss Campbell, class '14, who has been in charge of the Out-Patient Department at M. G. H. for past two years, has accepted the superintendency of a hospital in Saskatoon, Sask.

Miss Stella MacDougal, class '15, who went overseas some time ago, has since been attached to the McGill unit in France.

Miss Toomes, class '01, sailed on Saturday, August 26th, for Cannes, in South of France, where she has gone to nurse for six months. All expenses and fee being paid by a lady in Montreal.

Miss Bertha A. Smith, class '08, and Miss F. L. Walker, class '10, have gone overseas to offer their services for the care of wounded and sick soldiers.

Miss Sarah MacDonald, class '14, is spending the summer at Murray Bay.

Miss Sarah Fraser, class '04, is at present holidaying in the country.

Miss Colley, V. A. D., who has spent past two years in charge of the Convalescent Home, Belmont Park, is now taking a much deserved rest, while Miss Dunlop is filling the vacancy during the interval.

Miss Marguerite Watts, class '15, has taken charge of the hospital in connection with the Munitions Plant at Rigauld, Que.

Miss Carrie Todd, class '14, has returned from a two months visit with her parents and resumed her duties at the Munitions Hospital at Verdun, Que. She was relieved by Miss Anna Kennedy, class '14, who is now assistant superintendent of Sherbrooke General Hospital, relieving Miss Dora Jones, class '13, who has been called overseas.

Miss Elizabeth Odell, B. A., class '15, has gone to England as a member of the C. A. M. C.

Miss Tuck, class '12, who is with Queen Alexandra's Imperial Military Nursing Service, was lately visited by some of her classmates at Sheffield, England.

Miss A. Jamieson, class '11, is spending some holidays at her home in Winchester, Ontario.

The Misses Varter, class '15, along with four nurses of other hospitals are nursing sick soldiers (400) at Valcartier Camp. Needless to say they are very busy, but enjoying the life in the open. Most of the patients are in tents.

In a letter from one of our graduates at No. 3 General Hospital (McGill) we are informed that they are very busy, the Convalescent Camp and the Red Cross Hut have each been turned into wards—the latter with Mrs. Giffen, class '13, in charge. Ambulance men are busy all night, and the day nurses alternately remain up till after midnight, to serve the former with lunch. McGill is the largest hospital in that district with a capacity of two thousand and forty beds. Sir Douglas Haig has often complimented McGill as a unit, on the way they have managed, and especially in the largest rush now on.

An At-Home was given in the drawing room of the nurses home, on the afternoon of August 28th, ult., in honor of Miss Zaidee Young, who leaves shortly for the front as a member of the C. A. M. C. Miss Young, who has for several years been Asst. Lady Supt. of Montreal General Hospital, has gained the confidence and respect of all who come in contact with her in the nursing profession. She will be greatly missed in the institution where she so ably filled her position. Miss Young was the recipient of many gifts—the nurses in training presenting her with a beautiful gold wristlet watch, with other gifts from the staff and graduates of the school. Miss Strumm, who has been class instructor, will now be assistant lady superintendent, with Miss Holland, a recent graduate, second assistant, and Miss Ketchen, who has been second assistant, will assume the duties of class instructor.

Montreal

On Wednesday afternoon, September 13th, a reception was tendered Miss Lewis, graduate R. V. H., Montreal, by the ladies' committee of the Maternity Hospital upon the occasion of her leaving that Institution, where she has held the position of Superintendent for the past ten years. Speeches were delivered by Drs. Chipman, Shepherd, and Grant Stewart, speaking in the highest terms of appreciation of Miss Lewis' work in every department of the hospital with which she had to do. Mrs. W. R. Miller, in a graceful speech, presented Miss Lewis on behalf of the Ladies' Committee and the Medical Staff of the hospital, with a beautiful enamelled medallion watch, set with diamonds, and chain. Afterwards refreshments were served. Much regret is felt by all that Miss Lewis is leaving Montreal, and we trust that she will enjoy her well-earned rest.

Miss Prescott, (class of '05 R. V. H.) has returned after an absence of a year, spent at her home in Nova Scotia, to her old position as head nurse in one of the private wards in the R. V. Hospital. Her old friends are glad to welcome her back to Montreal.

At the R. V. Hospital, flying visits have been received from Sisters M. Lindsay, B. Merriman, Ida Smith, J. Glendenning and M. Cornell.

The last named has been with the Q. A. I. N. S., and has seen service in Malta and Alexandria, and for the last four months has been on hospital ships carrying wounded soldiers home to England from the east. Some of these nurses who came to Canada with the wounded have already returned and all expect to go back soon. Miss Mildred Ewing, (class '15, R. V. H.) and Miss Ethel Bagnell, ('15) left on September 16th, to join the C. N. A. In a letter received from Sister Beatrice Sanderson, No. 1 Canadian General Hospital, France, she reports that Sister Isabel Black is now there.

Miss Rose O'Brien, (class of '14, R. V. H. Montreal) has resigned her position in the San Rafael Hospital, Trinidad, Col., and is visiting friends en route to Montreal.

The Late Miss Gilmour

It is with very deep regret that we record the death of Miss Nellie Gilmour, graduate of the Royal Victoria Hospital, Montreal. The news of her death came as a shock to many of her friends, as though not very well for some months, it was only the end of July that she came to Montreal to consult a specialist. She was operated on in the R. V. H. a few days later, but only lived three weeks after, patient, cheerful and considerate of others to the last, and leaving the world the poorer by the loss of her kindly, vivid sympathetic interest in all who came under her care, and her most valuable work in any position which she was called on to fill.

Her work since her graduation has been varied. Settlement work in New York, one summer she spent as volunteer nurse in one of Dr. Grenfell's hospitals in Labrador; she was assistant superintendent in her own hospital for some time, had charge and in fact organized the hospital in Grand Falls, Newfoundland. She also held a position in Cleveland, Ohio, and at the time of her death had just been appointed superintendent of three hospitals in Edmonton, Alberta.

The Alumnae Association of the R. V. H., Montreal, owe her a deep debt of gratitude. She was president for several years, and always took great interest in all that concerned her work, and even when at a distance was ever ready to give her advice and generous pecuniary aid for any of its schemes. To those of us who were her personal friends, the memory of her bright personality will never fade, and we feel that her splendid work is not done, that though she has gone on to that country where the inhabitants shall no more say "I am sick," yet there must be useful work for such as she, even there.

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ONTARIO

St. Catherines

The annual meeting of the Almanae Association of the Mack Training School for Nurses was held at the Nurses' Home, Queenston Street, on Wednesday, August 3rd, 1916. Ten members were present. The

minutes of the previous meeting were read and adopted. After roll-call, letters of regret were read from Miss Hughes, Montana; Miss Dunlop, Niagara Fall; Miss Shantz and Miss Haber, Berlin; and Mrs. Parnell and Miss Elliot, Port Hope. The following officers were elected: Hon. President, Miss Uren; President, Miss Bush; First Vice-President, Mrs. Parnell; Second Vice President, Miss Tuck; Secretary and Press Correspondent, Miss Emery; Secretary-Treasurer, Miss Knowles.

After the meeting refreshments were served at the Nurses' Home.

Collingwood

Miss Frances Collins, who is doing private nursing in Sudbury, was home in Collingwood for a month's holiday.

Miss Ida Wensley spent her holidays at her home in Collingwood.

Miss Grace Morrison, who for the past five years has been nursing in Winnipeg, is spending her holiday at Craighurst and Collingwood.

Miss Ida Rainey and Miss Ruby Akitt left for Saskatoon, Sask., where they intend doing private nursing.

Kingston

The Nurses Alumnae Association of Kingston General Hospital, met on Tuesday, September 5th, in the Nurses' Home. A very interesting letter was read from one of the graduates, Matron Florence McCallum, of Ramsgate Hospital, England. She thanked the Alumnae for the gift of $50 which she was using for soldiers' comforts. The Alumnae is to fill thirty-five Christmas stockings for nursing sisters overseas.

It was decided to hold a tea and sale in November to raise funds to continue Red Cross work.

Hamilton

Miss Annie Cameron and Miss Ethel Beer have left for over-seas service. Miss Cameron was stationed at Camp Borden during the summer months.

Miss Irene Elliott is doing private nursing in New York City.

Miss Florence Torrey has returned to her duties at the city hospital after a pleasant six-weeks vacation.

Mr. and Mrs. John Bell, of Davyroyd, Sask., announce the engagement of their only daughter Elizabeth Frances, to Mr. Norman Stanfield, of the same place. Miss Bell is a graduate of the Hamilton City Hospital.

* * * *

ALBERTA

Calgary

The members of the Calgary Association of Graduate Nurses have through the kindness of Miss Smith and Miss Edy, met at the General Hospital fortnightly, for Red Cross work, since the spring of 1915.

During that time they have made 1092 Gauze wipes, 480 Compresses, 65 Gauze bundles, 1001 Surgical sets, 1536 Pads 6x7, 264 Pads 9x12, 408 Pads 12x6.

The members have also been working at the Maclean Block (downtown) on the intermediate Tuesdays, where they have made 17 bundles of dressings, 144 Pads 6x7, 2 dozen Compresses, 140 Wipes, etc. Once a fortnight the members meet for knitting and this circle expects to double its efforts during the winter. Not only has the Red Cross benefitted, but this work has been productive of much pleasant intercourse among the nurses.

We owe much to the helpfulness of the graduate nurses of the C. G. H. who after being on duty all day are always present to work. Mrs. Garrett, an ex-nurse, has been most enthusiastic and energetic in her labors.

EDMONTON

Miss M. Legge, R. V. H., head nurse of the private wards Royal Alexandra Hospital, has returned after a month's holiday spent in Vancouver.

Miss C. Campbell, R. V. H., who has been assistant superintendent of nurses in the Royal Alexandra Hospital, has been appointed superintendent in the place of Miss Gilmour, whose death is so much regretted.

* * * *

BRITISH COLUMBIA

QUARTERLY MEETING OF THE GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

The regular quarterly meeting of the Graduate Nurses' Association of British Columbia was held in Vancouver, Friday evening, October 6.

Mrs. Bryce Brown, president, took the chair. There was a good attendance.

The meeting opened with the reading of the minutes of the last three executive meetings and of the last quarterly meeting.

The president addressed the association, giving a report of the annual meeting of the Canadian National Association of Trained Nurses, held in Winnipeg last June, at which she was the representative of the Graduate Nurses' Association of British Columbia. Reference was made to the very excellent entertainment accorded the visitors in Winnipeg by the nurses of that town, and to the very enjoyable time spent at the convention.

Among a number of interesting matters which had been discussed was the importance of insisting that only fully trained nurses should be allowed to proceed to the front for the purpose of nursing the soldiers. At the beginning of the war a number of women lacking the necessary training had gone, and in the interest of the soldiers, as

well as of the profession, it was felt that an effort must be made to prevent a recurrence of these mistakes. Representation had been made to Sir Robert Borden to this effect.

One of the most important transactions was the purchase by the Canadian National Association of The Canadian Nurse magazine. Miss Randal has been appointed editor, and it is now the duty of every nurse in Canada to assume her responsibility in the magazine, and to do all she can to further its interests.

Major A. S. Monro, C.A.M.C., then addressed the members and gave a vivid account of hospital conditions in the field at the base, and in England, and Saloniki. The work of the army medical corps in regard to the prevention of disease by inoculation was responsible for a great saving of life, he said, and the value of this course was illustrated by a comparison of the casualties from disease today with those of the Boer war. Life among the nurses at Saloniki was described, their work and recreation, with some amusing anecdotes of special local interest. A vote of thanks was accorded the speaker, and refreshments were served, after which the business meeting was concluded. The president made an appeal for graduate nurses who could speak French, and who were willing to go overseas to work in the French hospitals. Help is urgently needed there. Any nurse wishing for further particulars can apply to Mrs. Bryce Brown, Box 283, New Westminster, B. C.

The meeting then adjourned.

Miss Ethel Boultbee (V.G.H.), who has been on active service overseas with the Canadian Army Medical Corps has been home in Vancouver on a short furlough.

Miss Worden (R.C.H.), is at present in New York City as assistant in the dispensary of the Madison Avenue Hospital.

Miss Youdall (V.G.H.), superintendent of the Jubilee Hospital, Vernon, spent her holidays in Vancouver. She was unfortunate enough to require an operation for appendicitis shortly after her arrival. She has returned to her post.

Miss M. Legge (R.V.H.), head nurse of private wards, Royal Alexandra Hospital, Edmonton, spent her holidays in Vancouver.

Miss C. Black (V.G.H.), has accepted a position in the Western Hospital, Toronto, as night superintendent.

Miss Edna Guillod (V.G.H.), has been appointed assistant to the lady superintendent, Galt Hospital, Lethbridge, Alberta.

Births

On June 11th, 1916, to the Rev. and Mrs. J. Lindsay, Vevey, Indiana, a daughter, Mary Jeannette. Mrs. Lindsay was a graduate of the Mack Training School, St. Catherines, Ontario.

At the Montreal Maternity Hospital, August 13th, 1916, a son to Dr. and Mrs. Dixon (Miss Beatrice Armitage, M. G. H., 1913).

Marriages

On June 7th, 1916, at St. Paul Street Methodist Church, St. Catherines, Ontario, Clara V. Suedgul (Mack Training School) to Dr. R. Careforte, Gull Lake.

At Sunbury, Ontario, on June 15th, 1916, Miss Kathleen Blacklock of Glenburnie to Mr. Edward Moore. Mrs. Moore is a graduate of Kingston General Hospital (1910).

At Chatony, June 22nd, 1916, Miss Clara Chant, (Kingston General Hospital, 1910) to Sydney C. Smith of Kingston. Mr. and Mrs. Smith will reside in Kingston.

At St. Mark's Church, Barriefield, on September, 2nd 1916, Evelyn Mae Patterson, (K. G. H., 1904) to Herman Leggatt of Westport. Mr. and Mrs. Leggatt reside in Lansdowne.

Deaths

At Hamilton, Ontario, August 28th, 1916, Kate M. Dressel, a graduate of the Hamilton City Hospital.

At Montreal, August 22nd, 1916, Nellie M. Gilmour, graduate of the Royal Victorian Hospital.

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In the Hospital

The doctor smiled and said: "You may go home
Tomorrow;" and he looked surprised when I
Returned no answering smile; how should he know
The sudden shrinking of my tortured flesh
From all that "going home" implies to me?
I am so tired—so tired! And when I think
Of taking up the burden that I dropped
When sickness bought for me a breathing space,
The grimy odorous clothes so hard to rub
To whiteness as I bend above the suds;
The food that must be bought, prepared and cooked;
The constant struggle to keep up the rent,
So that our poor, cheap sticks of furniture
May not be set upon the public street.
Ah, God! that fear looms chief of all my fears.
Then is it strange that I should weakly cling
To this white cot—this atmosphere of rest,
Where I may sleep, afar from vendors cries,
And noisy brawlings from the flat next door?
I almost hoped this pain would end all pain,
And I should die here in the hospital;
But no; the verdict's "Life!" I must "go home."

—FLORENCE VAN CLEVE, in New York Times.

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Regular Meeting—First Tuesday, every second month.

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"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High St.

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Regular Meeting—First Wednesday, 3.30 p. m.

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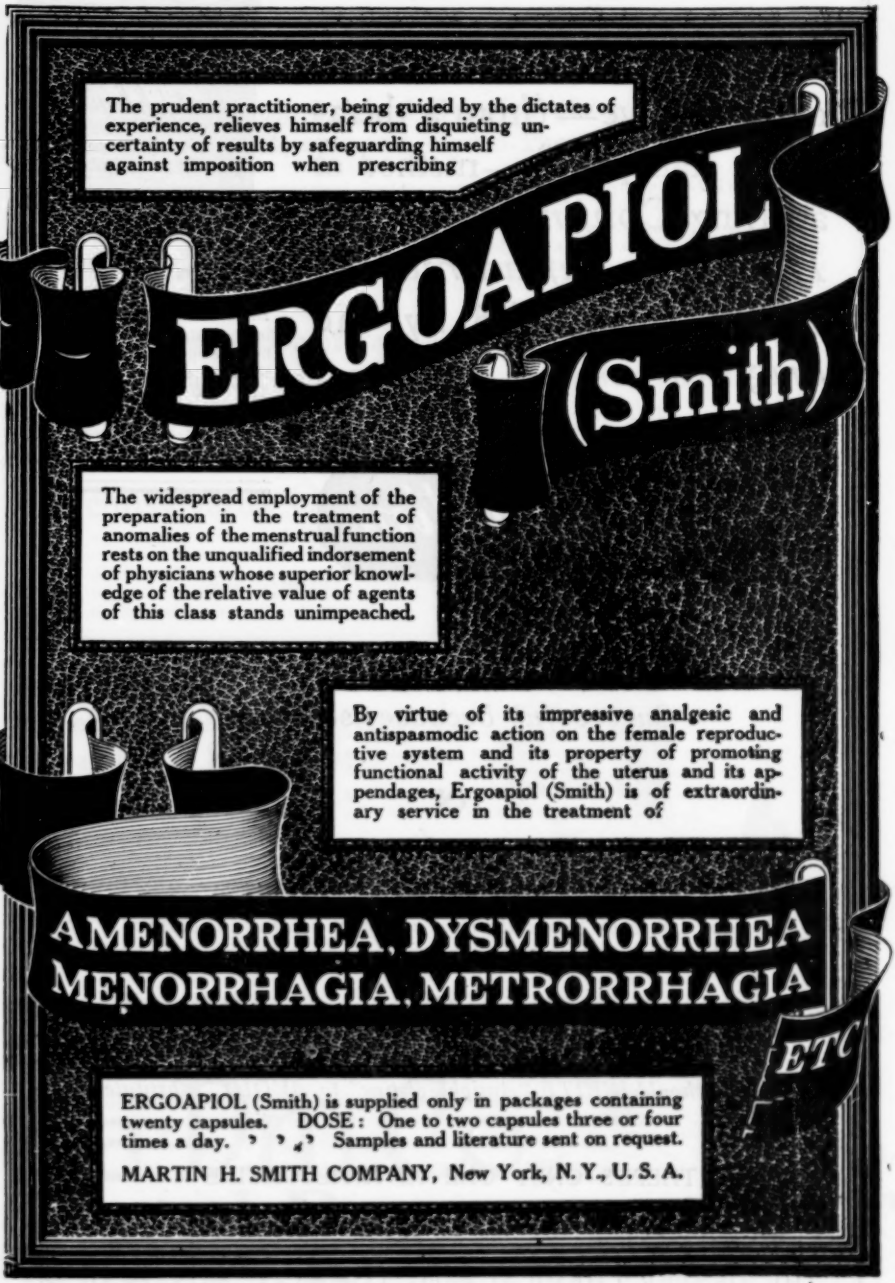
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